

cc 1/18



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
RAMIL	MARIO	R.	(808) 521-7233
MAILING ADDRESS (Street)			FAX
PAWAHI TOWER, SUITE 2010 1001 BISHOP STREET			(808) 538-0055
(City)	(State)	(Zip Code)	
HONOLULU	HI.	96813-3695	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Insurers Council			521-7233
MAILING ADDRESS (Street)			FAX
PAWAHI TOWER, SUITE 2010 1001 BISHOP ST			538-0055
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-3695	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Insurers Council		521-7233
MAILING ADDRESS (Street)		FAX
1001 Bishop St, Pawahi Suite 2010		538-0055
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mario Ramil		521-7233
MAILING ADDRESS (Street)		FAX
1001 Bishop St., Pawahi Suite 2010		538-0055
(City)	(State)	(Zip Code)
Honolulu	HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Mary R. R...*  
(Signature of Lobbyist)

1-15-05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Alison Powers

Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
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Hawaii Insurers Council

521-7233

MAILING ADDRESS (Street)	FAX
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Pauahi Tower, Suite 2010  
1001 Bishop St.

FAX

538-0055

(City)	(State)	(Zip Code)
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Honolulu

HI

96813-3695

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

*Alison Powers*  
(Signature of Authorizing Officer or Person Represented)

1-7-05  
(Date)